



AF
Ifw 1653

NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicants: Hui Chen and John W. Lawler
Serial No.: 09/606,763 Group: 1653
Filed: June 29, 2000 Examiner: Chih Min Kam
Confirmation No.: 7609
For: PURIFICATION AND USE OF HUMAN RECOMBINANT
CARTILAGE OLIGOMERIC MATRIX PROTEIN

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
August 12, 2004	Beverly Weinberger
Date	Signature
Beverly Weinberger	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicants hereby appeal to the Board of Patent Appeals and Interferences from the decision dated May 12, 2004 of the Examiner finally rejecting claims 12 and 13. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for [] month(s)	\$	_____
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([] mo.)	\$	_____
	Less fee paid ([] mo.)	- \$	_____
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	165
<input type="checkbox"/>	Other _____	\$	_____
	TOTAL	\$	<u>165</u>

5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$165 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By Carol A. Egner
Carol A. Egner
Registration No.: 38,866
Telephone: (978) 341-0036
Facsimile: (978) 341-0136

Concord, MA 01742-9133

Date: August 12, 2004